

Pledge Form - Workplace

Step 1: My Contact Information

Please make a copy and submit it to your payroll department.



United Way
Central Alberta
caunitedwav.ca

First Name: _____ Last Name: _____

Personal Email: _____

Business Email: _____

By giving us your email(s) you are giving United Way consent to send you updates and emails. You may unsubscribe at any time.

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Phone : _____ Work Phone: _____ Mobile: _____

Employer: _____

Employer Address: _____

- ☐ I am a first time donor. ☐ I am retiring in the next year.
- ☐ I would like to make a donation using public securities.
- ☐ I would like more information on leaving a gift of public securities in my will.

Employee
No.

LEARN MORE



COMPLETE IF YOU ARE A LEADERSHIP DONOR

Lead the way for \$3.30 a Day. Become a Leader and make a greater impact in your community! Your gift, or combined family gift of \$1200 or more qualifies you to be recognized as a Leadership Donor. **Please check one:**

- ☐ I would like to remain anonymous.
NOTE: If the circle is not checked, we will assume that you want your name published.
Leadership Recognition
- ☐ I would be proud to be recognized as a Leadership Donor. Please show my /our names as printed here: _____

TARGETING YOUR DONATION (OPTIONAL)

You may select more than one. If nothing is selected, your donation will go where it is needed most.

- ☐ **General Fund** - Invest my donation where it is needed most. \$
- ☐ **Basic Needs** - Ensuring access and addressing barriers to basic needs. \$
- ☐ **Mental Health** - Increasing access to suitable mental health services. \$
- ☐ **Brighter Futures** - Creating positive futures with new possibilities. \$

Optional Designations: You may also direct a portion of your gift to a specific United Way partner agency or to any registered Canadian charity. the minimum designation is \$25. A \$15 flat fee will be applied for each designated organization to cover admin costs.

Agency(ies): _____ \$

Charitable #: _____ \$

☐ I would like the designated agency(ies) to be notified of my gift.

Step 2: My Payment Method

Payroll Deduction

\$ _____ x _____ #pay periods **Payroll Pledge** \$

Payroll deductions will begin in **January 2027**, unless another start date is specified - Payroll deduction receipts will appear on your company T4 slips.

Credit Card Payment

My credit card gift will be paid as follows:

- ☐ One Time \$
- ☐ Equal Payments of \$ _____ Paid: ☐ monthly ☐ quarterly ☐ semi-annually
Starting: _____ Using ☐ Visa ☐ MasterCard

Name on Card: _____

Card#: ____/____/____/____ Exp. Date mm/yy: ____/____ CVV: ____

Cash or Cheque

Find enclosed: ☐ Cash ☐ Cheque \$

Please make cheque payable to United Way Central Alberta

Step 3: My Donation & Signature

Donor Signature Please authorize your donation by signing below for all options.

Signature: _____

My total donation this year is: \$

Tax receipts will automatically be issued for contributions of \$25 or more.

THANK YOU

Preferred method of contact for communications: ☐ Email ☐ Mail ☐ Phone ☐ Text

Donor Privacy: United Way Central Alberta is committed to protecting the privacy and confidentiality of your personal information. The information you provide will be used only to assist in the proper administration and acknowledgement of your gift, to issue tax receipts, to communicate on your investment impact, and to fulfill your information requests.

Charitable BN: 11927 8364 RR0001

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